# **DEPPING** <u>ADULT DAY SERVICES</u> <u>Application/Registration</u> **DONES**

Date of Birth://
re., Norwood Parkcrest Hub- 3330 Parkcrest Lane, Cincinnati
Service Facilitator/SSA/Third Party Funding Contact (if applicable)   Name
Father/Guardian Last Name First Name
Relationship to Participant
Cell Phone()
Employer
Work Phone()
Email
Street
City State Zip

2. Have a physician complete, sign and date the Master Medical Form.

The Participant Application and Master Medical Form must be received before consideration will be given for program enrollment. Partial or incomplete forms will be returned for completion.

Please mail to: Client Services Stepping Stones 5650 Given Rd. Cincinnati, OH 45243 or email to jeannie.ludwig@SteppingStonesOhio.org or fax to: 1-877-913-1293

Stepping Stones does not discriminate on the basis of race, ethnicity, national origin, religion, gender, disability, age or ancestry.

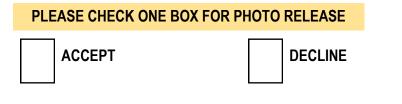
### **Emergency Contacts**

Stepping Stones will attempt to contact Parent/Guardian first. Please list 2 additional contacts.

Name	Name
Relationship	Relationship
Work Phone ()	Work Phone ()
Home Phone ()	Home Phone ()
Cell Phone ()	Cell Phone ()

#### **Photo Release**

I consent to and authorize the use and reproduction by Stepping Stones, Rotary Club, Rotary Foundation of Cincinnati and the United Way of any and all photographs and any other audio-visual materials taken of participant for promotional materials, educational activities, exhibitions or for any use for all the benefit of the program.



## **Emergency Medical Treatment Release**

### **CONSENT PLAN**

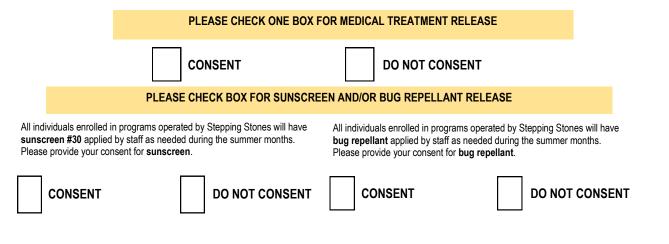
In the event that emergency medical aid/treatment is required due to Illness or injury during the process of receiving services, or while being on Stepping Stones' Hub, I authorize Stepping Stones to:

- 1. Secure and maintain medical treatment and transportation necessary.
- 2. Release information upon request from the individual/agency involved in the emergency medical treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be involved if the person designated is unable to be reached.

#### **NON-CONSENT PLAN**

I <u>DO NOT</u> give consent for emergency medical aid/treatment in the case of injury or illness while receiving services on Stepping Stones' Hub. I wish the following to take place:



### **General Release and Indemnity Agreement**

In consideration of the acceptance of participant named below for any of the programs provided by Stepping Stones Hub, collectively "Stepping Stones " the undersigned hereby assumes complete and sole responsibility for any loss, injury to person or death or damage to property sustained or incurred by the participant arising out of and/or relating to any activity including, but not limited to, (the word activity is defined as any activity that takes place at any Stepping Stones Programs ), transportation to and from Stepping Stones Hub, transportation to and from all outings and participation in any of the above contemplated services. The undersigned agrees to allow the participant to participate in outings and in travel involved as a part of Stepping Stones programs.

The undersigned, for himself/herself or as a parent and legal guardian hereby releases, acquits and forever discharges Stepping Stones, Camp Allyn, Rotary of Cincinnati, any agency with which any of these organizations may be affiliated, their officers, employees, trustees, volunteers, agents and any members of each of them, from and against any and all damages, liabilities, causes of action or injuries, or obligations of any nature whatsoever, past, present or future, known or unknown, arising out of or in any way relating to any activity including, but not limited to transportation to and from any Stepping Stones Programs. It is my further intention to release the aforementioned entities and individuals from any and all actions, causes of action, claims, damages, judgments, loss, cost or expenses, including attorney fees, known or unknown at this time whenever incurred, of whatever nature, related to any harm, personal loss injury, illness, addiction, emotional trauma, or death the undersigned incurs, contracts or suffers whether caused by or in any way contributed to by the negligence of any of the aforementioned organizations.

Stepping Stones reserves the right to exclude any participant that may pose a risk of harm. Program Administration will consider behavior, health and safety and potential risk before recommending exclusion. In further consideration of acceptance I agree to defend, indemnify and hold harm-less Stepping Stones, Rotary Club of Cincinnati and any agency with which any of these organizations may be affiliated, their officers, employees, trustees, volunteers, agents and any members of each of them, from and against any and all claims, demands, actions, causes of action or injuries, or obligations of any nature whatsoever, arising out of or in any way related to any activity including, but not limited to transportation to and from Stepping Stones Hub Programs, transportation to and from all outings and participation in any of the above contemplated services.

If you are utilizing third party funding, your signature is authorizing us to contact the Service & Support Administrator (SSA) County for additional information as needed.

PERSONAL MEDICAL INSURANCE: I DO \_\_\_\_ I DO NOT \_\_\_\_ carry medical insurance Health Insurance Provider\_\_\_\_\_ Policy / Medicaid Number \_\_\_\_\_

Does the participant have a DNR (DO NOT RESUSCITATE) and/or a LIVING WILL? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, please attach legal documentation. (Please call 513-965-5108 with questions.)

PARTICIPANT	NAME	
I have read an	d agreed to the above statements.	
// DATE	SIGNATURE OF LEGAL GUARDIAN	
	PRINT NAME	